



KENYA UNIVERSITIES AND COLLEGES CENTRAL PLACEMENT SERVICE

Telephone: +254723 954927, +254734879662 **Email:** info@kuccps.ac.ke **P.O. Box** 105166-00101 Nairobi, Kenya

APPLICATION FORM FOR STUDENTS WITH DISABILITIES

INSTRUCTIONS

1. The form should be completed in Block letters.
2. Ensure you fill out the course choices on page 4
3. Attach a passport size photograph on each form.
4. Attach a copy of your NCPWD card.
5. Attach the verification letter from NCPWD.
6. Attach a copy of your KNEC certificate.
7. Two copies of this form should be completed and submitted to the Placement Service.

SECTION A- APPLICANT’S PERSONAL DETAILS

i. **Name**.....
(Surname) (Other Names in full)

ii. **K.C.S.E Index No.**..... **Year**.....

iii. **Postal Address**.....

Postal Code..... **Town/City**..... **Country**.....

Telephone..... **Fax**..... **Email**.....

iv. **Date of Birth (DD/MON/YYYY)**..... **Gender**.....

v. **What impairment do you suffer from?**

Visual **Hearing** **Physical**

Other impairment (specify).....

vi. **When did you develop this impairment?**

Since Birth **More than one year ago** **Less than one year ago**

vii. **Do you require any guidance or support to learn?** **Yes** **No**

If yes specify:

.....
.....

Declaration:

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicant’s Full Name..... **ID/Passport No**.....

Date..... **Applicant’s Signature**.....



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SECTION B- PRINCIPAL'S REPORT ON STUDENTS WITH DISABILITY

- i. Is the student disabled? Yes No
- ii. Does the disability affect his/her studies? Yes No Indeterminate
- iii. If so, how would you rate the negative effect of the disability on his/her learning?
 Profoundly affected Moderately severely affected Slightly affected Not affected

I declare that the information given herein is true and accurate to the best of my knowledge

Principal's Full Name.....

TSC No..... ID/Passport No.....

Date/ Official stamp..... Principal's Signature.....

SECTION C- ASSESSMENT BY GOVERNMENT APPROVED MEDICAL PRACTITIONER

- i. Visual assessment.
 Visual acuity (Corrected) Right Eye..... Left Eye.....
 Field of Vision at its widest diameter (If possible). Right Eye..... Left Eye.....
 General percentage loss of function

- ii. Hearing assessment.
 What is the degree of hearing loss of decibels? Right Ear..... Left Ear.....
 Estimate the percentage loss of function using Workmen's Compensation Act

- iii. Physical, Motor/Orthopaedic Assessment.
 Describe the Physical disability.....
 What is the cumulative percentage loss of function as per Workmen's Compensation Act?

- iv. Any other Impairment.
 Describe the disability.....
 Is this impairment enough to disadvantage learning remarkably? Yes No
 If yes briefly describe

I declare that the information given herein is true and accurate to the best of my knowledge.

Medical Practitioners Full Name..... Registration No.....

Date..... Medical Officer's/ Specialist Signature/ Stamp.....



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SECTION D- COMMENTS BY NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES (NCPWD)

Remarks

NCPWD Officer's Name..... Sign/ Stamp.....

SECTION E- FOR OFFICIAL USE ONLY

Does this student qualify for admission through the set criteria?

Yes

No

Requires further assessment

Remarks:

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PROGRAMME SELECTION FORM

1. Visit the KUCCPS student's portal on students.kuccps.net.
2. Select programmes you qualify for by checking the subject requirements.
3. Enter all three fields in the table below:

Sno	PROGRAMME CODE	INSTITUTION NAME	PROGRAMME NAME
1			
2			
3			
4			